

OB/GYN

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Enrollment
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- ENT Initiatives and Issues
- Stoplights

OB/GYN Department Overall Description

- Largest Air Force OB/GYN department (Ex)
 - Over 250 personnel in four flights
 - Over 90,000 outpatient visits and 3,300 admissions per year
 - Three GME programs
- Numerous subspecialty provider staff supplied by BAMC
- Air Force supplies nearly all support staff
 - Genetic counselor and 1 secretary provided by BAMC

OB/GYN Subspecialty Clinic

Clinic Description

- Regional tertiary care center for children with special health care needs
- Full range of subspecialists
 - Provider staff 50% Air Force / 50% Army
- Vast majority of care provided at WHMC
 - Outreach clinics at BAMC and seven other regional MTFs
 - Child neurologist and developmentalist assigned full time at BAMC also occasionally covers at WHMC

OB/GYN Residency GME Program Status

- Integrated Residency Program - Yes
 - 8 AF Starts per Year/6 Army start per year
 - 20 Total AF Residents/17 Total Army Residents
 - Total 37 Residents in Integrated Program
- RRC Status: 5-year accreditation: last inspection 1999
- Overall Program Health: (Good)
 - 100% Board Certification pass rate
 - 98% on-time graduation
 - Scores: Class average In-Training Exam score typically in top 15%

OB/GYN Residency GME Program Status

- Case Mix and Patient Volume:
 - Adequate outpatient General Peds and Subspecialty exposure
 - Ft Hood outreach missions critical to subs
 - Marginal numbers for Inpatient service-primarily limited by nursing staff shortage
 - NICU, PICU, Ward
 - Good diversity and complexity of patients
 - Rotations at Santa Rosa and Fort Hood for adequate training
 - RRC review is within the next 6 months, unsure if we will be given passing score for inpatient OB/GYN experience
- Work Environment – new accreditation category
 - Residents perform an excessive amount of non-physician duties (social work and admin on inpatient services)
 - Already documented by the ACGME/RRC by survey of our residents-may result in citation by the RRC

OB/GYN Primary Care Clinic

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers*	MIL	GS/RS	Total		MIL	GS/RS	K*	Total	Staffing
45B3	5	0/4	9	44KX	7	0/3		10	111%
45B3Xs	1	0	1	45KXA	1	0		1	100%
42G3	1	0	1	44KXC	1	0		1	100%
46N3B									
Total Providers	8	0/6	14		10	0/5		15	107%
	AUTHORIZED			ASSIGNED					
Support Staff*	MIL	GS/RS	Total		MIL	GS/RS	K	Total	Staffing
46N3 (RN)	4	2/0	6	46N3	0	0		0	0%
4N0X1	5	4/5	14	4N0X1	5	1/5		11	79%
4A0X1	5	2/5	12	4A0X1	5	0/5		10	83%
Total Support Staff	14	8/10	32		10	1/10		21	66%



OB/GYN Department Manpower and Staffing (Con't)

- How does MAPPG06 change authorizations?

OB/GYN Department Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
- Other contracts
- AFMS-wide staffing outlook:
 - Shortages in most subspecialties
 - FY05 Outlook at 59 MDW

OB/GYN Department

Current Initiatives

- Identify any things you've initiated in the last year to increase efficiency, effectiveness, and/or optimize healthcare in the direct care system